## Dear patient,

We would like to thank you for your trust in our Center.
In this information letter, you will learn about the main stages of hospital stay, starting from the first day and ending with the day of discharge. Our staff is always ready to answer any questions by phone. ……(отделение указывает свои)

**Information:**

For all general questions related to your stay at the department, you can always contact: …….. (указать)

**Medical confidentiality**

In accordance with the norms of Russian legislation, information about the fact of seeking medical help, the patient's state of health, diagnosis, illness, and other information obtained during his examination and treatment is a medical secret.

This information is provided only to persons who will be specified by you at the time of hospitalization. …….. (указать)

**We wish you a speedy recovery!**

## *We kindly ask you to follow the rules of your hospital stay*

1) Keep the ward and common areas clean, and treat other patients and medical staff with respect.
2) If possible, switch your phones to silent mode.
3) Follow your doctor's recommendations and do not take any medications at your own discretion.
4) Warn your family and friends about the visit schedule. Round-the-clock hospital stay of your loved ones is possible only in agreement with the head of the department.
5) It is undesirable to have a large number of visitors in the ward at the same time. Guests will be asked to wait in the lobby of the hospital while visiting a doctor or performing medical procedures.
6) Please note that children under 14 years of age are not allowed to visit hospital patients.
7) For double occupancy, the adjacent roofcannot be used as a seating or reclining position.It is also undesirable for your family and friends to sit or lie on your bed. Warn your loved ones about the unacceptable presence ofpets in the department.
8) Bed linen, underwear, and towels are the property of the Center: please do not take them with you when you check out.
9) If you encounter any problems during your stay in the hospital, as well as any changes in your state of health, do not take any independent actions, immediately contact the department's nurse or your doctor.

***Not allowed:***

- Use electric heating devices (boiler, electric kettle, etc.);
- Drink alcoholic beverages;
- Smoking is prohibited in the hospital premises – wards, corridors, office and utility rooms. Smoking reduces the effectiveness of treatment and harms other patients.
- The nurse is responsible for your comfort and safety throughout your stay at the Center, so we ask you to answer

all your questions in detail and take into account all the information provided.

- It is not recommended to take valuables and large amounts of money with you to the hospital.

***Department's daily routine***

7: 00 am-wake up/morning treatments
9: 00-breakfast
9: 30 – doctor's roundup
10: 00-13: 00-performing medical appointments
13: 30-14: 00-lunch
14: 00-15: 00-free time
15: 00-17: 00-quiet hour
17: 00-19: 00-visiting patients with relatives
(10: 00-12: 00 only on weekends)
18: 00-19: 00-dinner
19: 30-21: 30-performing evening appointments
22: 00 – bedtime

***Number ofsessions***

1. Visits are allowed daily from 17: 00 to 20: 00 hours, on weekends and holidays additionally from 11: 00 to 20: 00 hours, except for cases agreed with the head of the department.

2. Departments submit a list of patients daily (in accordance with the established form) to the Administrative Service Mode Department of the Center.

3. The visitor is allowed to enter if they have an identity document.

4. Visitors should not show signs of acute infectious diseases (fever, respiratory infection, diarrhea).

5. Children under the age of 14 are not allowed to visit patients.

6. Visits topatients during quarantine are prohibited.

7. At the same time, no more than 2 visitors to the patient are allowed to enter the territory of the department (ward).

8. Before visiting the department, the user must remove their outer clothing and put on shoe covers. Your mobile phone and other electronic devices must be in silent mode.

9. Visitors under the influence of alcohol (drugs) are not allowed to enter the department.

10. The visitor must observe silence, not obstruct the provision of medical care to other patients, follow the instructions of medical personnel, and not touch medical devices.

11. Visits are not allowed during invasive procedures in the ward.

12. It is allowed to transfer personal hygiene items, things, food (in accordance with the approved list of products) in the form of transfers, parcels.

13. The visitor should be prepared for the fact that if they refuse to comply with these requirements, they may not be allowed to see the patient.

14. Discharge of maternity patients from the department is made from 14: 00 to 20: 00 hours, patients of gynecological

departments from 13: 00 to 16: 00 hours, but not later than the specified time, except for cases agreed by the head doctor of the Center.

Thank you, we care about you and your health!

## List of products allowed for transfer

(SanPiN 2.3.2.1324-03 "Hygienic requirements for the shelf life and storage conditions of food products"; SanPiN 2.3.6.1079-01 "Sanitary and epidemiological requirements for public catering organizations, production and defense capability of food products and food raw materials in them")

| n/a number | Product Name | | Qty | Shelf |
|---|---|---|---|---|
| нelife of unopened packaging | | | of unopened packaging | |
| 1. | Cheese (hard varieties) | 200 gr. | 48 hours from the dateof receipt | - |
| 2. | Fermented milk products in industrial packaging:<br>- kefir<br>-ryazhenka | 0.5 l. each item | has a shelf | life of 12 hours |

| | | | | |
|---|---|---|---|---|
| | -bifilife<br>-yoghurt | | | |
| 3. | Milk in industrial packaging | up to 1 liter | shelf life see on the package | 12 hours |
| 4. | Cream in industrial packaging | no more than 500 gr. | see the shelf life on the package | for 12 hours |
| 5. | Cottage cheese in industrial packaging (plastic cup) | no more than 250 gr. (1 pack) | shelf life, see packaging | 12 hours |
| 6. | Butter in industrial packaging | no more than 200 gr. | shelf life see on the package | 72 hours |
| 7. | Cold-rolled sausage, smoked | 300 gr. | shelf life see on the package | 48 hours |
| 8. | Juices in industrial packaging | no more than 2 bags of 0.5 liters | shelf life see on the package | 12 hours |
| 9. | Mineral water | 0.5-1 l | shelf life see on the package | - |
| 10. | Culinary products baked pies in vacuum packaging (with vegetable and fruit fillings of carrots, cabbage, apples) | 3-4 pcs. | see the shelf life on the package | 12 hours from the date of receipt |
| 11. | Buns with jam, without filling in a vacuum package | of 3-4 pcs. | shelf life see on the package | 48 hours |
| 12. | Cookies | 1 - 2 | shelf life see | - |

| | | | | |
|---|---|---|---|---|
| | | packs | on the package | |
| 13. | Granulated sugar | up to 1 kg. | no restrictions | - |
| 14. | Candies (chocolate, caramel, marshmallows, marmalade) | 200 gr. | | no restrictions |
| 15. | Fruits in good condition:<br>- apples<br>-bananas<br>-pears<br>-grapes | no more than 500 gr. each name | - | 48 hours |
| 16. | Fresh vegetables:<br>- tomatoes<br>-cucumbers<br>-radishes | no more than 500 gr. | - | 48 hours |
| 17. | Factory - made canned fruits and vegetables:<br>- compote | no more than 500 gr. each item | has a shelf | life of 48 hours on the package |

Perishable food is stored at a temperature of 2-6° C.

<u>It is forbidden to take the following products:</u>

1. Canned meat, fish, etc. home-made food.
2. Dumplings pancakes with meat and cottage cheese.
3. Meat and fish pates, jelly.
4. Salted, dried, and cold-smoked fish.

5. Eggs, omelets.
6. Milk, home-made fermented milk products.
7. Mushrooms in any form.
8. Sausages.
9. Cream cakes.
10. Pies with meat and fish.
11. Home-made drinks (fruit drinks, kvass, etc.).

Products in glass containers are not accepted for transfer!

Transfer of perishable food is allowed only with the permission of the attending physician. Transfers should be packed in separate packages by type of food (grocery, gastronomy, vegetables and fruits), indicating the patient's name, an inventory of the contents, the date of transfer, and the signature of the nurse who accepted it.

Products are withdrawn to food waste in the following cases:

- expired storage period;
- storage without packaging;
- without specifying the patient's last name;
- without specifying the date when the transfer was received;
- presence of signs of spoilage;
- inconsistencies in the list of products for broadcasts.

Thank you, we care about you and your health!

***Dear patient,***

This information letter provides information about the procedure for preparinди for surgery.

## Medicinal products

If you regularly take any medications, discuss with your doctor Your attending physician and anesthesiologist (examines the patient on the eve of the operation) the schedule of their reception on the eve (if possible 2-3 days in advance) of the operation and in the morning before the operation.
You may need to cancel some medications for a certain period of time.

The nurse on the ward will explain to you how to use the various equipment in the ward, as well as provide youwith information about the meal schedule - at what hours you will be provided with breakfast, lunch anddinner. If necessary, you will receive a disability certificate (sick leave). For proper registration , inform the department's senior nurse in advance of the exact name of the organization where you work.

## Information for women

Any planned surgical treatmentand a number of invasive, including X-ray, examinations during menstruation are performed as prescribed by the attending physician. A short manicure without nail polish is desirable.

## Recommendations for smokers

Smoking tobacco is one of the risk factors for developing lung complications during and after surgery. If you quit smoking at least 6 to 8 weeks before surgery, there is a real and significant benefit to stopping smoking. If you stop smoking today, you will significantlyreduce the risks to your life and health. All smokers, regardless of the frequency of smoking, are strongly advised to reduce the number of cigarettes they smoke.

## Consultation with an anaesthetist

After the results of all tests are ready, the date of surgery is determined, the anesthesiologist will explain what typeof anesthesia will be chosen for your operation, ask questions about whether you have allergicreactions to medications, chemicals and food,and whether you wear dentures. We kindly ask you to answer the questions of anaesthetist as fullyas possible. During the operation and in the postoperative period, this will help to avoid

various complications. You may need to prescribe special medications thatyou will need to take on the eve of surgery - they will help you reduce the excitement before surgery and prepare your body for anesthesia.

**Informed consent to surgical intervention and anesthesia**

On the eve of the operation, the attending physician, operating surgeon or his assistant will provide you with information in a simple and accessible form about the main stages of the upcoming operation, the possible scopeof surgery, its role in the treatment of your disease, possible complications andconsequences. You will need to sign informed consent for surgery andanaesthesia, as well as for transfusion of blood and its components (if necessary).

**The evening before the operation**

General preparation before the operation willbe carried out according to the doctor's instructions. If hospitalization occurred on the eve of the operation, preoperative preparation takes place in a hospital setting.

If you come to the operation in the morning, you must complete all your doctor's appointments yourself at home. A number of operations require complete bowel cleansing.

Proper bowel preparation is of great importance for the prevention of postoperative infectious complications. There are several ways of preoperative bowel preparation -I usually have an enema or laxatives. Your doctor will choose the most suitable methodfor you and tell you in detailFind out what needs to be done and in what time frame. If you need a cleansing enema, a nurse will give it to you. If you are prescribed a laxative, but you have a problem with taking a largeamount of fluid, or the drug does not take effect, immediately informyour doctor or nurse, you may need to use a different method of bowel preparation.

Your doctor will determine your diet on the day before surgery. Unless otherwise prescribed, a light meal is allowed on the eve of the operation, but you can not drink or eat from 24:00. If you need to continue taking any medications as prescribed by your doctor, take them beforebedtime with a small sip of water. It is unacceptable to consume alcoholic beverages 7 days before the operation.

Take a shower before going to bed. If laparoscopic surgery is planned (through punctures in the abdominal cavity),the navel should be thoroughly rinsed.

Self-shaving of the area adjacent to the operating field and the operating field itself is a separateprocedure. If necessary, this procedure will be performedby the medical staff of the department immediately before the operation.

You will need elastic compression stockings/bandages to prevent thromboembolic complications. The nurse will help you put on stockings in the morning (without getting out of bed) on the day of the operation.

Your attending physician (surgeon) and the anesthesiologist will visit you again in the ward before the operation and ask you a number of clarifying questions.Inform your doctor about any changes in your state of health that occurred on the eve of hospitalization.

As directed by your doctor, you will be given an injection before surgery, which will reduce the anxiety before surgery and prepare you for thenext anesthesia. You can feel the tension subside, relax, and relax.muscles are stretched, there is a feeling of peace, peace, a desire to doze off.

Then you will be transported to the operating room on a special gurney.

**Operating room**

When you are brought to the operating room, the medical staff of the operating room will always be near you.

**Anesthesia**

The anesthesiologist will tell you what type of anesthesia will be used during the operation. To preparefor anesthesia, an intravenous catheter will be placed in the arm vein and/or in the central(jugular – in the neck or subclavian – in the shoulder area) vein for drug administration during and after surgery.

Surgeons, nurses, and an anesthesiologist will ask you a few questions to assess your readiness for anesthesia.

If the operation is performed under general anesthesia, you will not feel anything and will wake up in the intensive care unit.If the operation is performed under epidural anesthesia, or if it is

needed in the postoperative period, then you will have an epidural catheter installed through which you will be injected with painkillers.

**After the operation**

When the operation is over, your authorized representatives will get a call from your doctor and tell you in detail about your condition, as well as how long they can visit you.

When applying for hospitalization, you will fill out the "Call after surgery" form, where you can specify the phone number of a lovedone who the doctor or an employee of the PMU department cancall at the end of the operation. Medical information is provided to a limited number of trustedpersons that the patient specifies in the questionnaire.

After the operation, you will be transferred to the intensive care unit. Sensors will be installed on your body to monitorblood pressure, pulse, saturation (the level of oxygen saturation of blood hemoglobin) and other indicators.

The medical staff constantly monitors your body's indicators, as the same monitors are located in the doctor's office and at the nursing station.

You can be sure that you will not be left alone for a minute.

**Please do not be alarmed if you wake up from anesthesia and find that:**

- You may not be able to speak after you wake up in the ICU;
- Catheter on the arm;
- Perhaps a catheter in the neck area;
- Perhaps drainage tubes from the operation area that remove the discharge from the operating area;
- Perhaps nasogastric tube to remove the discharge from the stomach;
- Perhaps an intubation tube for breathing with an artificial ventilation device in the throat;
- It is possible to have any other devicesthat ensure adequate functioning of the organs and systems of your body;
- Nasal cannula for oxygen supply;
- Possibly a urethral catheter;
- Possibly an epidural catheter;
- Elastic Stockings/Bandages;

- Your hands, for the first time, after anesthesia, can be fixed to the bed for your safety.

Listen carefully to what the intensive care unit staff says and follow their recommendations.

The length of stay in the intensive care unit depends on your condition: the feeling of pain and its intensity,hemodynamic parameters (blood pressure, pulse, saturation, etc.), the state of your respiratory system, and so on.

**Return to the department**

After the doctors ' consultation (held every morning in the intensive care unit) make a decision to transfer to the department**,** and the medicalstaff will take you to the ward on your bed. In the department, nurses will take the necessary tests on the doctor's instructions, monitor consciousness, blood pressure, pulse, body temperature, and monitor the condition of the surgical wound.

The medical staff of the department will often ask you how you feel - you should never suffer pain! If you feel pain, tell your nurse immediately. Proper anesthesia speeds up the recovery process after surgery. Each place in the ward is equipped with a call button for medical personnel: if the need arises, invite a medical professional.

**Remember:** You are surrounded by staff who are designed to provide you withcomfortable conditions of stay in the hospital.

**Postoperative stay in the department**

After the operation, depending on your condition and the type of operation, you will be allowed to sit in bed first, and then get up –for the first time, this can only be done in the presence of medical personnel!

If necessary, a course of therapeutic gymnastics and physical therapy will be prescribed. It is very important to follow the doctor's recommendations regardingphysical activity – this will help you gradually return to the usual rhythm of life.

You can take a hygienic shower only after consulting with your doctor.

During the entire stay in the hospital, it is recommended to perform hygiene procedures with the support of medical personnel.

The compression stockings that you put on before surgery are designed to prevent blood clots from forming in the veins of the lower extremities, and should remain on your feet until the doctor allows you to remove them.

After surgery, there may be some dietary restrictions or prescribing a special diet – if necessary, the doctor-dentist will give you recommendations regarding the diet.

**Hospital discharge**

Before discharge, you will be examined by a surgeon, a nurse will change the bandages. If necessary, seams, staples, etc. will be removed. The discharge epicrisis (and discharge recommendations) are issued on the last day of hospitalization. It describes all the steps involved

Your treatment, the results of pre-and postoperativefollow-up, a protocol and detailed recommendations for managing thepostoperative period, as well as a list of medications that you needto take. At the same time, you will receive a disability certificate (sick leave).

Please note that the medication regimen prescribed by your doctor , as well as recommendationsfor postoperative management that you will receive at discharge, are very important for a speedy recovery.

Experiencing some pain after surgeryis considered more normal than pathological – it takes time to recover and heal wounds. Pain after surgery may be constant, or it may be intermittent,increasing when the body is tense – walking, laughing, sneezing, coughing, or eventaking deep breaths. Take pain medications that are recommended by your doctor. Butif the pain increases over time, and the medications recommended by the doctor do not help, you should notify us about this.Your doctor.

An operational wound or postoperative scar requires bandaging and monitoring, the frequency of which will be recommended by the surgeon. You can perform bandages yourself.

The time frame for returning to a normal lifestyle (work, study, playing sports, driving a car, having sex) will be recommended by the attending physician.

**We wish you a speedy recovery!**

***Dear patient,***

We have specially developed a reminder to reduce the risk of falling.

**The causes of falls can be divided into two large groups:**

**External reasons,** related to the incorrect organization of safe movement: uncomfortable shoes, poor glasses, lack of auxiliary means of movement (walking sticks, walkers); low safety

of the room (the presence of slippery floors, furniture with sharp corners, etc.).

**Internal causes,** associated with changes in the musculoskeletal system, the visual organ, and the cardiovascular system.

Whatever the factors contributing to a fall, you need to take them into account and use all means to avoid falling.

**Conditions that require caution:**

- Balance and gait disorders;
- Vertigo;
- Confusion of consciousness;
- Visual impairment;
- Syncopal states – cases of short-term loss of consciousness;
- In the postoperative period.

**Prevention of falls should be carried out in three main areas:**

- Organization of safe life and housing;
- Gymnastics classes to increase leg muscle strength;
- Use of medications to reduce the severity of dizziness.

**Regardless of what factors cause falls, we offer you some tips that will help you prevent falling.:**

- Regular physical training to strengthen your muscles;
- Remove any items that may contribute to falling (carpets, floor vases, statues, etc.) at home.;
- Keep the necessary items in easily accessible places;
- Use non-slip mats on the floor;
- In the bathroom, make handles and handrails;
- Keep the stairs and hallway well lit;
- When using medications, be sure to ask your doctor about possible interactions between them.;
- Wear comfortable shoes with non-slip soles, with a closed toe and a back (exclude flip-flops);
- When you wake up, take your feet off the bed, make sure you don't feel dizzy, and sit on the edge of the bed for a few minutes. Take your time, get up slowly, and if

necessary, use auxiliary equipment (a walker, walking stick, or wheelchair).

**Do not hesitate to ask for help** from family members or medical staff if you feel dizzy and / or unbalanced, or if your legs are weak.

We hope that these tips will help you and your loved ones avoid unpleasant moments.

**Dear patient,**

We strive to reduce the risk of patients falling in the Center, which can result in serious injuries. Upon admission to the hospital, the nurse will assess the risk of falls. If this risk is high for you, she will put a yellow bracelet on your hand.

Please do not remove it, it is important for your safety. The bracelet will not restrict your movements, you can also take a shower with the bracelet.

We also ask you to follow the following rules:

- before you get out of bed in the morning, invite a nurse;
- when you wake up, move your legs out of bed, make sure you don't feel dizzy before getting up;
- tell the nurse if you can't reach crutches, canes, or walkers;
- tell the nurse about any broken crutches, canes, walkers, or bed malfunctions.

**<u>It's important to remember!</u> If you have been asked not to get out of bed without an escort, invite a nurse and do not get up yourself!**

***How to get out of bed safely:***

Make sure that all the necessary improvised tools that can facilitate movement are available and within easy reach.:

- medical personnel call button;
- points;

- comfortable (preferably closed) shoes with non-slip soles;
- pyjamas of suitable length (trousers buttoned up);
- the side handrails of the bed are lowered;
- improvised means of transportation (walkers, walking sticks, wheelchairs) are located near the bed.

***How to get out of bed correctly:***

- slow transition from lying down to sitting down;
- before getting up, sit on the edge of the bed for a few minutes;
- take your time, get up slowly, use a walking aid (walker, cane, wheelchair) if necessary, or ask for help from a family member or medical staff.

***It is forbidden to get out of bed if:***

- You were advised not to get out of bed yourself;
- Do you feel dizzy and / or out of balance;
- the auxiliary vehicle that you use to move around is out of reach;
- You feel weak in your legs.

Thank you, we care about you and your health!

## Patient's guide to preventing pressure sores

- Prevention is the best treatment.
- In order to help us prevent the formation of pressure sores, you should eat a sufficient (at least 1.5 liters) amount of liquid (the volume of liquid should be checked with your doctor) and at least 120 g of protein; 120 g of protein should be "collected" from various products that you love, both animal and vegetable origin;

**Table 1. Average weight of foods containing 100 grams of dietary protein**

| Product | Weight (g) | Product | Weight (g) |
|---|---|---|---|
| Fat cottage cheese | 725 | Lean chicken | 510 |
| Low-fat cottage cheese | 500 | Turkey | 510 |
| Soft diet cottage cheese | 625 | Beef liver | 5.75 |
| Condensed milk, sugar-free, sterilized | 1430 | Flounder | 640 |
| Dutch cheese | 425 | Carp | 625 |
| Kostroma cheese, poshekhonsky, Yaroslavsky | 375 | River perch | 540 |
| Russian cheese | 475 | Halibut | 530 |
| Swiss cheese | 400 | Herring | 590 |
| Sheep's milk cheese | 685 | Atlantic fat herring | 565 |
| Cow's milk cheese | 560 | Pacific low-fat herring | 555 |
| Chicken egg | 785 | Mackerel | 555 |
| Low-fat lamb | 480 | Horse mackerel | 540 |
| Lean beef | 495 | Pike | perch |

| | | | |
|---|---|---|---|
| | | | 525 |
| Rabbit meat | 485 | Cod | 575 |
| Pork meat | 685 | Hake | 600 |
| Veal | 510 | Pike | 530 |
| Chicken meat | 550 | Semolina | 1250 |
| Wheat bread | 1460 | Rice | 1500 |
| Pasta, noodles | 1100 | Green peas | 2000 |
| Buckwheat | groats 1250 | | |

- move around in bed, etc. from the bed to the chair, without friction; use auxiliary equipment;
- use an anti-decubitus mattress and a cushion for the chair;
- try to find a comfortable position in the bed, but do not increase the pressure on vulnerable areas (bone protrusions);
- change your position in bed every 1-2 hours, or more often if you can sit up;
- walkif you can; do exercises by flexing and extending your arms and legs;
- do 10 breathing exercises every hour: take a deep, slow breath in through your mouth, and exhale through your nose;
- take an active part in taking care of you or self-driving yourself;
- use absorbent underwear and professional products (cosmetics), medical products for skin care for hygiene in case of urinary incontinence and reduce the negative impact of urine on the skin condition;
- ask your nurse questions if you have any problems.

Thank you, we care about you and your health!

## Memo for the person (legal representative) who takes care of the patient on the prevention of pressure sores

- With each movement, change of underwear, diapers, hygiene procedures, any deterioration or change in the patient's condition, regularly examine the patient's skin in the sacrum, heels, ankles, shoulder blades, elbows, back of the head, the

greater trochanter of the femur, the inner surface of the knee joints.

- Do not expose vulnerable areas of the body to pressure or friction. Perform hygiene procedures: 1 time a day treatment of the patient's entire body, problem areas with heavy sweating, hygiene of the intimate area every time when changing a diaper. Use professional (cosmetic) products, medical products for skin care, for example: gels, products for washing the patient in bed, products for washing and skin care with a neutral pH for the skin, systems of "washing without water" - cleansing foam, etc. In case of using detergents, make sure that the detergent is washed off, dry the skin with blotting movements. Do not use products made of terry cloth to dry the skin. If your skin is too dry, use a moisturizer or oil. Wash your skin with warm water.
- Use protective creams and diapers, if indicated.
- Do not massage in the area of protruding bone protrusions.
- Change the patient's position every 2 hours (at night according to the patient's needs, taking into account the risk of developing pressure sores): Fowler's position Фаулера; Fowler's position.Sims; " on the left side"; "on the right side"; "on the stomach" (with the doctor's permission). Types of provisions depend on the disease and the condition of the individual patient. Discuss this with your doctor.
- Change the patient's position by lifting him off the bed.
- Check the condition of the bed (creases, crumbs, dryness, etc.).
- Avoid contact of the patient's skin with the hard part of the bed.
- Use mattresses and pillows on a porous (foam) base in a breathable cover (instead of cotton-gauze and rubber circles,

oilcloths, etc.) to reduce pressure on the skin, reduce the risk of a greenhouse effect.

- Release pressure on areas of skin integrity problems. Do not use rubber wheels, etc. Use appropriate devices (anti-bedsore mattresses, противопролежневыеanti-bedsore pillows, patient's stowage system, etc.).
- Lower the headboard of the bed to the lowest level (no more than 30° angle) for a short time to perform any manipulations.
- Do not allow the patient to lie directly on the large hip trochanter in the" side " position (30°patient position).
- Do not allow continuous sitting in a wheelchair or wheelchair. Remind you to change your position every hour, change your body position yourself, pull up, and inspect vulnerable areas of the skin. Try easing the pressure on your buttocks every 15 minutes: lean forward, to the side, lift yourself up, leaning on the arms of the chair, etc.
- Reduce the risk of pressure-induced tissue damage:
  - change your body position regularly;
  - use devices that reduce body pressure;
  - follow the rules of lifting and moving;
  - inspect the entire skin at least once a day;
  - exercise proper nutrition and adequate fluid intake.
- Monitor the quality and quantity of food and liquids, including: with urinary incontinence.
- Maximize the activity of your ward. If he can walk, encourage him to take a walk every other hour.
- Use absorbent underwear (waterproof diapers, diapers, absorbent underpants, urological pads and liners, etc.).
- The choice of absorbent underwear is carried out in accordance with GOST R 55370.

ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ УЧРЕЖДЕНИЕ «НАЦИОНАЛЬНЫЙ МЕДИЦИНСКИЙ ИССЛЕДОВАТЕЛЬСКИЙ ЦЕНТР АКУШЕРСТВА, ГИНЕКОЛОГИИ И ПЕРИНАТОЛОГИИ ИМЕНИ АКАДЕМИКА В.И. КУЛАКОВА» МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

We hope that these tips will help you and
Help your loved ones avoid unpleasant moments.

## BASIC RULES FOR SUCCESSFUL BREASTFEEDING (WHO/UNICEF recommendations)

1. **EARLY APPLICATION TO THE BREAST** within the first hour after birth.

2. **DO NOT FINISH FEEDING THE NEWBORN FROM a BOTTLE** or in any other way before the mother puts it to the breast, so that the child develops an attitude to breastfeed.
3. **MOTHER AND CHILD STAY TOGETHER** after birth.
4. **THE CORRECT POSITION OF THE BABY AT THE BREAST** is necessary for effective suckling and comfort of the mother. A breast-feeding consultant can teach you this quickly and professionally.
5. **FEEDING ON DEMAND.** Apply the baby to the breast for any reason, he NEEDS to suck the breast when he wants and how much he wants. Then he will be full and calm. The baby can be applied to the breast up to 4 times an hour. If the child sleeps a lot, rarely and sluggishly sucks, then the mother can offer him a breast more often at her request.
6. **THE DURATION OF FEEDING IS REGULATED BY THE CHILD:** feeding will end when the baby releases the nipple itself.
7. **NIGHTTIME BREAST FEEDING is VERY IMPORTANT** for good milk production. For a child, they are the most complete.
8. **A BREASTFED BABY DOES NOT NEED TO BE DOPED.** If the child is thirsty, it should be applied to the breast more often. Milk contains 87-90% water.
9. **PACIFIERS, BOTTLES, AND PACIFIERS.** These items replace the mother's breast and can cause problems: low milk supply, nipple injuries, and anxiety under the breast. If additional food is needed, then it should be given only from a cup, spoon, cup or pipette.
10. **FULL FEEDINGS** last 20 minutes or longer. So the child gets enough fat to put on weight well. It is also a guarantee of full bowel function.
11. **BREAST HYGIENE.** Frequent breast washing removes the protective, bactericidal layer of fat from the areola and nipple. This may be the cause of cracks. Breasts should be washed 1-2 times a day during a general shower and preferably without soap.
12. **FREQUENT WEIGHING of the CHILD** does not provide objective information about the fullness of the baby's nutrition, makes the mother nervous, leads to a decrease in lactation and

unjustified introduction of complementary foods. It is enough to weigh once a week.

13. **ADDITIONAL PUMPING is NOT NECESSARY**, since with proper organization of feeding, milk is produced exactly as much as the child needs. Pumping is necessary for problems: forced separation of the mother from the child, the mother's going to work, etc.

14. **ONLY BREASTFEED UP TO 6 MONTHS.** The child does not need additional nutrition and complementary foods for up to 6 months. He can stay up to 1 year on mainly breast-feeding without compromising his health (according to separate studies).

15. **SUPPORT FOR NURSING MOTHERS**Communicating with women who have breastfed their children before the age of 1-3 helps a young mother gain confidence in her abilities and get practical advice to help establish breast-feeding. New mothers are encouraged to contact breastfeeding support groups as early as possible.

16. **CHILD CARE TRAINING** is essential for a modern mother to enjoy motherhood. Breast-feeding consultants will help mothers take care of their newborns. The sooner a mother learns motherhood, the less frustrations and unpleasant moments she will endure with the baby.

17. **KEEP BREASTFEEDING UP TO 1.5-2 YEARS.** Feeding up to 1 year is not a physiological term for stopping lactation, so if necessary, consult with specialists to make an informed decision.

| **ADVANTAGES OF GW** |
|---|
| **Breast Milk**<br>• Full-fledged nutrition<br>• Easily digested and fully used<br>• Protects against infections<br>• Costs less than artificial formulas<br>**Breast-feeding**<br>• Provides emotional contact and development<br>• Helps to avoid a new pregnancy<br>* Protects the mother's health |
| **FROM THE DANGERS THAT EXISTWITH** ARTIFICIAL |

## FEEDING

**For the child**

• Diarrhea (diarrhea) and respiratory infections (runny nose, ear infection, cough, sore throat) are more common

* Malnutrition, such as vitamin A deficiency

• Increased risk of death

• Higher risk of allergies and milk intolerance

• Overweight

• Reduced level of mental development

**For the mother**

• Does not promote close communication with the child

• A new pregnancy may occur

• Increased risk of anemia, ovarian and breast cancer, and osteoporosis

## HOW BREAST MILK PROTECTS THE BABY FROM INFECTIONS

• The mother is infected (sick)

• White blood cells in the mother's body produce protective antibodies to the disease

• Individual white blood cells enter the breast and produce antibodies there

• Antibodies to the mother's infection enter the milk and protect the baby

## THE FOLLOWING ACTIONS AND TECHNIQUES CAN HELP YOU BREASTFEED SUCCESSFULLY:

1. Breast-feeding shortly after delivery
2. Physical contact between mother and child
3. Correct placement at the breast and applying the baby to the breast
4. Frequent feeding at the child

's request 5. The child is allowed to let go of the breast when he wants

6. Exclusive breastfeeding
7. Strengthening a mother's self-confidence by encouraging her to breastfeed
8. Maintaining contact with people who provide moral support to the mother

9. Avoiding the use of pacifiers, pacifiers, and nipple pads
10. Refusal to lubricate the nipples with creams and ointments
11. Do not wash your nipples with soap, wash your nipples only during a regular shower

**BREASTFEEDING MAY FAIL**
**DUE TO THE FOLLOWING FACTORS::**

1. Separation of mother and child after childbirth
2. Postponing the first feeding
3. Limiting the frequency of feeding
4. Nipple washing before or after breast-feeding
5. Feeding mode
6. Weaning the baby before it finishes eating
7. If the baby is given other fluids before the first breast-feeding
8. The child is supplemented with artificial nutrition
9. In the intervals between feedings, the child is given regular wate water with glucose or "teas"
10. Tell your mother things that make her doubt her ability to produ milk
11. Free samples of infant formula are distributed
12. Mother's isolation from people who support breastfeeding
13. Using nipple pads, teats and pacifiers
14. Use of medications that have a sedative effect on the child duri childbirth

## CORRECT POSITION OF THE BABY AT THE BREAST

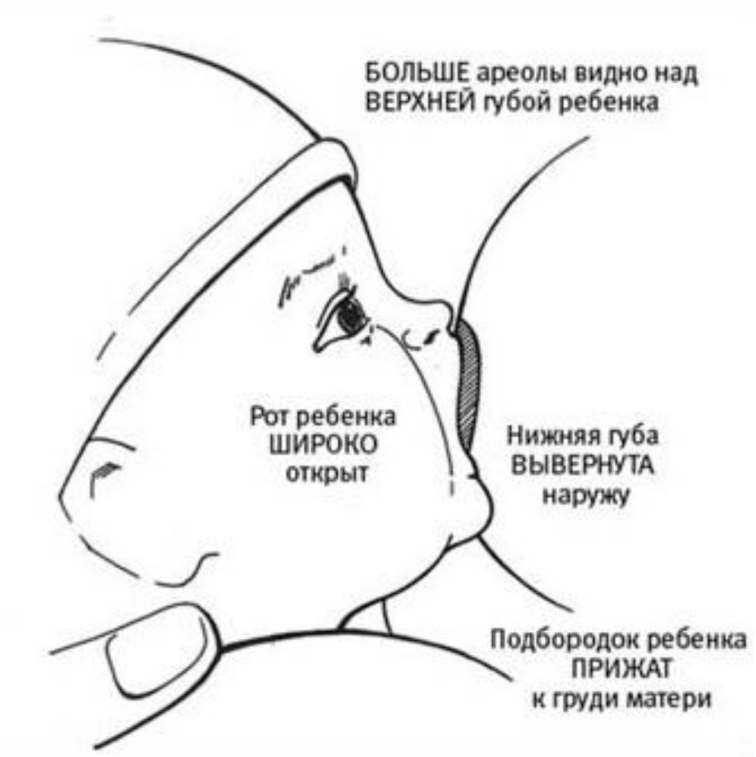
- The child is all snuggled up to his mother-tummy, chest, knees.
- The child's body is NOT curved, so the mother can see that the child's ear, shoulder and hip are on the same line.
- Mom sits straight, not leaning over the child and not hunching over, not leaning on one side.
- The baby's mouth is at the natural height of the nipple.
- The back of the child's head is free, the mother supports the child by the back and base of the head.
- The child's neck is straight, the head should not be thrown back or lowered much – it will be inconvenient to swallow.

- The child's chin is NOT pressed against his chest, this will prevent him from opening his mouth wide and taking the breast well.
- Preferably a minimum of clothing and a maximum of skin-to-skin contact.


## CORRECT ATTACHMENT

- The mouth is wide open.
- The lips are turned outwards and form an angle of 120-130 degrees.
- It is especially important that the lower lip is turned outwards, and the chin touches the mother's chest.
- Most of the areola and nipple are hidden in the mouth, asymmetric attachment (more of the areola is captured from below).
- The head is slightly tilted back.

- The nose breathes freely and does not touch the mother's chest.
- The tip of the nipple touches the hard palate at the "sucking point", the stimulation of this zone causes the child to make sucking movements.
- Sometimes in the corner of the child's mouth, you can see the tongue lying on the lower lip.
- Cheeks are rounded, not drawn in.
- Sometimes the ears can move when sucking.
- Sucking is two-phase-at first quick, brief stimulating movements, the child can pause, as if waiting for the milk to pour itself, and then sucks evenly and deeply, you can hear how it swallows.




## NUTRITION OF A NURSING MOTHER

### Water

A nursing mother should drink 1.5-2 liters of clean water a day. Lack of fluid can lead to dehydration and reduced lactation (the body "accumulates" fluid). Excessive water intake can lead to edema, including in the mammary glands.

**Potentially dangerous products**

Cow's milk and sometimes other dairy products. It contains foreign proteins that can cause allergic reactions in crumbs.

Products containing preservatives, emulsifiers, stabilizers, colorants, etc. (everything marked with the E icon on the packaging). We also include all canned food, except homemade: including packaged juices, even green peas and condensed milk.

Exotics. Breastfeeding is not the time for experimentation. Exotic or unusual products are not desirable for you. They can cause anxiety in the baby.

**Reduce lactation-**mint, chamomile, sage, hop cones, walnut leaves. There is evidence that fennel, which is often recommended to increase lactation, can actually also reduce milk production.

Also, it is better for a nursing mother to exclude hawthorn (it stimulates the heart, lowers blood pressure), sweet clover (worsens blood clotting), ginseng (insomnia, breast soreness), milkweed (a strong laxative), tansy.

If you suspect that your child has a reaction to a particular product in your diet (symptoms: restless behavior of the child, unwillingness to suck, rash, diarrhea or vomiting)-exclude the suspicious product from the diet for one to two weeks. If the product is determined, i.e. the baby has lost the listed symptoms, then exclude this product from the diet for several months. Another option is not to consume one and the same product in large quantities.

**Remember! There is no product that cannot be eaten by all nursing mothers.**

## LACK OF MILK

### False conclusions about the lack of milk:

- baby sucks too often (it's just a need for sucking)
- baby looks hungry an hour after sucking (milk is quickly absorbed)
- the baby sucks longer and more often than before (many children "wake up" by 2-3 weeks, there are jumps in growth and development)
- baby sucks less than before (can grow and get full faster)
- the child is worried, crying or nervous (a million reasons)
- молокобreast milk does not leak much or has stopped leaking, the breast has become soft (lactation has been established)
- mom does not feel hot flashes or has stopped feeling them (lactation has been established, not all mothers feel hot flashes,

but they can be "seen" by the child who begins to actively swallow)

- weigh-ins before and after feeding (not informative, babies suck differently at different times)
- the baby willingly sucks the bottle after feeding (high need for sucking)
- mom can't express milk (expressing is a skill, it needs to be learned)

**The only sure way to find out whether a child has enough milk or not is to monitor the number of urinations (at least 10-12 times a day from the 3rd week of life to 6 months) and weekly weight gain (at least 125 g).**

**And only if both of these indicators are below the norm, we can talk about a shortage of milk.**

**It is important to know that the vast majority of reasons for a lack of milk in a mother are mistakes in the organization of breastfeeding and they can be solved.**